

System of Care Quality Improvement Evaluation

Child and Family Team File Form Code Book

1. Referral Source

Scoring:

1. **FAMILY MEMBER** – youth, parent, other members of immediate/extended family
2. **PUBLIC HEALTH** – nurses (including school nurses), physicians, etc.
3. **JUVENILE JUSTICE** - court counselors, judges, etc.
4. **MENTAL HEALTH** – case managers, therapists, psychiatrists
5. **SCHOOL** – principals, teachers, bus drivers, behavioral aides from Public. Schools
6. **SOCIAL SERVICES** – social workers, foster parents, etc.
7. **OTHER** – any category other than those listed above

2. Which life domain did the family identify as areas of concern at the time of intake?

See the initial Authorization Request (Reason for Referral) to determine areas of concern.

Scoring:

1. **RESIDENTIAL** - where the child is living
2. **FAMILY** - family relationships/conflict, etc.
3. **SOCIAL** - youth's interactions/relationships with people outside of the family
4. **EDUCATIONAL/VOCATIONAL** - school or job-related
5. **MEDICAL** - physical health, illness, or medication issues
6. **PSYCHOLOGICAL/EMOTIONAL** - behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.
7. **LEGAL** - delinquent behavior, arrests, probation, court appearances, etc.
8. **SAFETY** - suicidality, running away, etc.
9. **OTHER** – any remaining life domain that does not fit into one of the above categories

Note: the remaining questions refer to the *most recent information* contained within the case file (e.g., the most recent person centered plan and accompanying progress notes)

3. Current Legal Custody

This information may be obvious from the person centered plan or may require reading progress notes.

Scoring:

1. **PARENT** – A biological or adoptive parent
2. **RELATIVE** – A member of the child's immediate or extended family
3. **SOCIAL SERVICES** – child is a ward of the state (regardless of who has physical custody)
4. **OTHER** – any category other than those listed above

4. Current Physical Custody

This information may be obvious from the person centered plan or may require reading progress notes.

Scoring:

1. **PARENT** – Child resides with biological or adoptive parent
2. **RELATIVE** – Child resides with a member of immediate/extended family
3. **FOSTER PARENT** – Child resides with a foster parent
4. **OTHER** – Child resides with someone other than choices listed above

5. Which life domain areas are addressed in the most recent person centered plan?

Scoring:

1. **RESIDENTIAL** - *where the child is living*
2. **FAMILY/SURROGATE FAMILY** - *family relationships/conflict, etc.*
3. **SOCIAL** - *youth's interactions/relationships with people outside of the family*
4. **EDUCATIONAL/VOCATIONAL** - *school or job-related*
5. **MEDICAL** - *physical health, illness, or medication issues*
6. **PSYCHOLOGICAL/EMOTIONAL** - *behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.*
7. **LEGAL** - *delinquent behavior, arrests, probation, court appearances, etc.*
8. **SAFETY** - *suicidality, running away, etc.*
9. **OTHER** – *any remaining life domain that does not fit into one of the above categories*

6. Are services inaccessible due to the location of the services?

Scoring

1. **YES** - *Evidence in chart indicates that at least one service prescribed in person centered plan cannot be accessed due to location of the service (distance from family's home, not on the bus line, etc.)*
2. **NO** - *The family is able to access all services in the person centered plan without support.*

7. Are there unmet identified needs because a type of service does not exist locally?

Scoring

1. **YES** - *There is documentation of at least one instance of a needed service that does not exist locally.*
2. **NO** - *All needed services are available.*

8. Are there unmet identified needs because there is a long wait for a service?

Scoring:

1. **YES** - *Needed services exist locally, but there is at least one documented instance in which a long wait list (**one month or longer**) for a service prevents access to a needed service.*
2. **NO** - *All needed services can be accessed within a reasonable timeframe (**less than one month**).*

9. Is a strengths-based assessment found in the case file?

A strengths-based assessment should be attached to the person centered plan. In some cases, an initial strengths-based assessment has been found filed in miscellaneous places within the chart.

Scoring:

1. **YES** – *A strengths-based assessment was located within case file.*
2. **NO** – *A strengths-based assessment could not be found in case file.*

10. Are strengths identified in the strengths-based assessment reflected in the

interventions contained in the person centered plan?

Scoring:

1. **YES** – *There are obvious/direct examples of child/family strengths utilized in greater than 50% of interventions in person centered plan.*
2. **NO** – *No strengths are utilized in plan; or strengths are utilized in less than 50% of interventions.*

11.Is there evidence of a crisis plan contained within the person centered plan?

Scoring:

1. **YES** - *Likely areas of crises are identified and a clear protocol is in place to respond.*
2. **NO** - *No crisis plan is identified.*

12. Rate the level of comprehensiveness of the crisis plan

Scoring:

1. **EXCELLENT** - *Potential areas of crisis identified and planned interventions are likely to be effective.*
2. **ACCEPTABLE** - *Not all potential crisis areas identified and/or some interventions inadequate.*
3. **POOR** – *No potential areas of crisis identified and/or most interventions are inadequate.*

13. Rate the degree to which appropriate transitional services have been identified to facilitate a smooth transition for the youth into new school/new residence/adulthood

Scoring:

1. **EXCELLENT** - *The child's transition has been planned consistent with the child's long-term view. What he or she should know, be able to do, and have as supports to be successful after the transition occurs is being developed now. The persons in the new/former setting are being made to assure that the child is successful following the transition. If the child has made the transition, s/he is fully stable and successful in his/her daily life.*
2. **ACCEPTABLE** - *Transition has been identified and discussed. What child should know, be able to do, and have support to be successful are planned and being addressed. Personnel in the new/former setting are assisting child during and after transition. If child has made the transition, s/he is generally stable and successful in daily life.*
3. **MINIMALLY ACCEPTABLE** - *The next transition has been identified. What the child should know, be able to do, and have supports to be successful have been assessed and is being used for planning. Personnel in the new/former setting are minimally in place to assist child during and after transition. If child has transitioned, s/he is stable in his/her daily setting and is not at risk of disruption due to transitional problems.*
4. **POOR** - *The next transition has not been addressed. Inadequate plans have been made with personnel at the new setting. If the child has transitioned, s/he is experiencing difficulty and is at moderate-to-high risk of disruption of placement.*

5. **COMPLETELY UNACCEPTABLE** - *The child's next age-appropriate transition has not been considered. There are no strategies in place to assist the child during and after the transition. If child has made the transition, s/he is having major transitional problems in the daily setting.*

14. Rate the degree to which the person centered plan is realistic and sustainable as the child moves into adulthood.

Scoring:

1. **EXCELLENT** - *Plan is realistic and fully implemented.*
2. **ACCEPTABLE** - *Identified most realistic way to meet the need and plan has been partially implemented.*
3. **MINIMALLY ACCEPTABLE** - *Aware of needs and have identified possible mechanisms for meetings those needs, but nothing is finalized.*
4. **POOR** - *Transitional needs are identified, but plan is unrealistic (e.g. child needs services adult system doesn't have, or there is no funding for needed services).*
5. **COMPLETELY UNACCEPTABLE** - *No evidence that team is aware of the need for transitional services.*

15. Rate the degree to which plans are being made to transition youth into adult care system.

Scoring:

1. **EXCELLENT** - *Transitional service completely addressed and being implemented.*
2. **ACCEPTABLE** - *Identified transitional needs and some transitional services are in place (i.e. adult system involved in preparing plan).*
3. **MINIMALLY ACCEPTABLE** - *Awareness of the needs for transitional services, adult system made aware of the need.*
4. **POOR** - *Transitional needs identified, but no action taken to address those needs.*
5. **COMPLETELY UNACCEPTABLE** - *No evidence that transition is being planned for.*

16. Rate the degree to which desired outcomes (goals) in the person centered plan are written in measurable terms

Scoring:

When person centered plan goals are written in measurable terms, it is easy to determine whether the goal has been met, because of the level of specificity of the goal.

1. **EXCELLENT** - *All outcomes are written in measurable terms.*
2. **ACCEPTABLE** - *More than 50% of outcomes are written in measurable terms.*
3. **MINIMALLY ACCEPTABLE** - *About 50% of outcomes are written in measurable terms.*
4. **POOR** - *Less than 50% of outcomes are written in measurable terms.*
5. **COMPLETELY UNACCEPTABLE** - *No outcomes are written in measurable terms.*

Have all appropriate agencies/individuals been invited to participate on the team?

Scoring:

1. **YES** - *Documentation in progress notes or correspondence is found that indicates attempts to invite key personnel to participate.*
2. **NO** - *No evidence of invitation to one or more key personnel.*

17. Check all parties involved on the child's service team

For this question, indicate all parties currently serving as a member of the service team by checking for signatures and dates reflected on the same day.

Scoring:

1. **FRIENDS OF THE FAMILY** – *friends, neighbors, etc.*
2. **FAMILY MEMBERS** – *other members of immediate/extended family (besides youth & caregiver)*
3. **CHURCH/RELIGIOUS** – *pastors, clergy members, fellow parishioners, etc*
4. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
5. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
6. **MENTAL HEALTH** – *case managers, therapists, psychiatrists*
7. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Public. Schools*
8. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
9. **FAMILY ADVOCATES** – *advocates from MHA, guardian ad litem, etc.*
10. **OTHER** - *any category other than those listed above.*

18. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?

Team members counted towards this percentage must meet both of the following two criteria:

- *They are not there because of their affiliation with a service agency. Instead, they are serving as an advocate, family member, friend, neighbor, pastor, etc.*
- *They have accessed or will access informal resources for the family as part of the person centered plan.*

Scoring:

1. **EXCELLENT** – *More than 50% of team members meet both of the above criteria.*
2. **ACCEPTABLE** – *Between 10 and 50% of team members meet both of the above criteria.*
3. **POOR** – *Less than 10% of team members meet both of the above criteria.*

19. Rate the degree to which the service team is comprised of the optimal mix of professionals and “nonprofessionals”.

Non-professionals are defined as members of the family’s natural support network, including family members, friends, neighbors, family advocates, clergy, etc.

Scoring:

1. **EXCELLENT** – 50% or more of team members are non-professionals.
2. **ACCEPTABLE** – Between 25 and 49% of team members are non-professionals.
3. **POOR** – Less than 25% of team members are non-professionals.

20. Is there a unified, overarching person centered plan?

Scoring:

1. **YES** - Person centered plan covers all areas identified by family and all other agency plans are consonant with unified plan.
2. **NO** - Multiple plans with differing or conflicting goals appear to exist; and/or key life domains in need of addressing are currently omitted from the person centered plan.

21. What is the present restrictiveness level of the living situation?

Scoring:

1. **DETENTION CENTER/TRAINING SCHOOL**
2. **HOSPITAL**
3. **RESIDENTIAL TREATMENT CENTER**
4. **GROUP HOME**
5. **OUT-OF-COUNTY GROUP HOME**
6. **FOSTER HOME**
7. **HOME OF RELATIVE**
8. **OTHER**

22. Are all services based in the county where the child and family live?

Scoring

1. **YES** - All services are provided to the family within the boundaries of their home county.
2. **NO** - One or more members of the family must leave the county to obtain the services prescribed in the person centered plan and/or child is currently placed out of the county.

23. If not, is there a person centered plan goal directed toward ensuring that the child’s services are delivered within the home county?

Scoring

1. **YES** - There is clearly stated and delineated goal toward the end of having all services provided within their home county in the next three to six months.

2. **NO** - *All services are not provided in the county and there is no definite plan to achieve the goal.*

24. Are services provided in the least restricted/most normative setting, appropriate to the child's and family's needs?

Scoring:

1. **YES** - *All team members are in agreement that all services are being provided in the least restrictive setting.*
2. **NO** - *There is documentation of disagreement among team members regarding the level of restrictiveness of at least one service area.*

25. Is there a need for flexible funds at this time to execute the person centered plan for the youth/family?

Scoring:

1. **YES** - *There is at least one area where flex funds would be appropriate and other sources of support have been investigated.*
2. **NO** - *There is no demonstrated need at this time. All services can be provided without accessing flex funds.*

26. If so, have flexible funds been accessed?

Scoring:

1. **YES** - *Documentation in record of flex funds being approved.*
2. **NO** - *Documentation in record of flex fund denial.*

27. To what extent are informal/community resources included in the plan?

Naturally occurring community resources are defined as services/interventions that do not cost the "BIG 5" public agencies money (The LME; Public Health; Schools; Juvenile Justice; Department of Social Services). Any service in the plan that is paid with flex fund dollars is considered a community resource. Community resources can include (but are not limited to) such things as: church groups, Big Brother/Big Sister, respite provided by relative; tutoring, Boys and Girls Club.

Scoring:

1. **EXCELLENT** – *At least 50% of interventions contained in the person centered plan rely on community resources.*
2. **ACCEPTABLE** – *Between 10 and 50% of the interventions contained in the person centered plan rely on community resources.*
3. **POOR** – *Less than 10% of the person centered plan interventions utilize community resources.*

28. Was the person centered plan funded by two or more agencies?

Scoring:

1. **YES** – *At least two of the “Big 5” agencies are funding the person centered plan, as evidenced by contributions of staff time and/or resources.*
2. **NO** – *Only one of the “Big 5” agencies have funded this family’s person centered plan thus far.*

29. Overall, is the current Person centered plan traditional and/or non-traditional?

Note: you can check both of these if the plan exhibits aspects of both descriptions.

Scoring:

1. **TRADITIONAL** - *involves deficit based planning, lack of coordination of services, high reliance on formal resources, services not in home community, lack of individualization in plan, plan driven by agencies.*
2. **NON-TRADITIONAL** - *High (50% or greater) use of informal resources, strengths utilized in interventions, evidence of family ownership of plan, services provided in nontraditional locations, services well coordinated and fit the child and family.*